

## **DIRECT PAYMENT REQUEST**

Fall   Winter   Academic Year:   Fall 2004 - Summer 2005   Fall 2005 - Summer 2006   Fall 2005 - Summer 2006   Fall 2006 - Summer 2007	GET ACCOUNT NUMBER					
1. Please select the term and academic year you are requesting the payment for:    Fall	Purchaser's Name		Purchaser's Socia	Purchaser's Social Security Number		
1. Please select the term and academic year you are requesting the payment for:    Fall						
Fall   Winter   Academic Year:   Fall 2004 - Summer 2005   Fall 2005 - Summer 2006   Fall 2005 - Summer 2006   Fall 2006 - Summer 2007	Student's Name		Student's Social S	Student's Social Security Number		
Fall   Winter   Academic Year:   Fall 2004 - Summer 2005   Fall 2005 - Summer 2006   Fall 2005 - Summer 2006   Fall 2006 - Summer 2007						
Spring	1. Please select the term and academic year you are requesting the payment for:					
Spring	□ Fall □ '	Winter A				
Tuiltion and fees	□ Spring □	Summer				
\$or UNITS  (Off-campus housing, books, and other supply expenses must be paid out-of-pocket. To request reimbursement from GET, please fill out the Reimbursement Request Form.)  3. Enter the payee information. Payment will be sent directly to the address you provide for the school  School Name  Address  City State Zip Code  Contact Name/Number  I certify that this distribution request is to pay for qualified educational expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10% of earnings penalty for non-qualified distributions on my federal tax return. Qualified educational expenses include, the costs of books, supplies, and equipment required for the enrollment or attendance at an eligible educational institution. IRS rules on qualified and non-qualified higher education expenses can be found at <a href="https://www.irs.gov/pub/irs-pdf/p970.pdf">www.irs.gov/pub/irs-pdf/p970.pdf</a> . Requests for distribution may not exceed the balance remaining in the beneficiary's GET account for the academic year of the request.	2. Please indicate the type of amount and enter the amount of payment in dollars or units					
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School Name  Address  Address  City State Zip Code  Contact Name/Number  I certify that this distribution request is to pay for qualified educational expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10% of earnings penalty for non-qualified distributions on my federal tax return. Qualified educational expenses include, the costs of books, supplies, and equipment required for the enrollment or attendance at an eligible educational institution. IRS rules on qualified and non-qualified higher education expenses can be found at <a href="https://www.irs.gov/pub/irs-pdf/p970.pdf">www.irs.gov/pub/irs-pdf/p970.pdf</a> .  Requests for distribution may not exceed the balance remaining in the beneficiary's GET account for the academic year of the request.					UNITS	
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	Printed name of Purchaser	Signature of Purc	haser	Date		